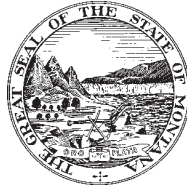


**IN-STATE CLASS D DRIVER LICENSE
MAIL RENEWAL APPLICATION - FORM 1**



**MONTANA DEPARTMENT OF JUSTICE
DIVISION OF MOTOR VEHICLES**

PO Box 201430
Helena, MT 59620-1430
Phone: (406) 444-4590, Fax: (406) 444-7623

PRINT FULL LEGAL NAME

Last: _____ First: _____ Middle: _____ SUFFIX: Circle one if applicable. JR SR 1st 2nd 3rd 4th 5th

DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: ____/____/____

SEX: _____ **EYE COLOR:** _____

WEIGHT: _____ **HEIGHT:** _____ **HAIR:** _____

MONTANA MAILING ADDRESS (include street or PO Box, city, state and zip):

MONTANA RESIDENCE ADDRESS (include street, city, state and zip):

ORGAN DONOR: YES ☐ NO ☐

***SOCIAL SECURITY NUMBER:** _____

****Social Security Number required by Mont. Code Ann. § 61-7-107 and U.S.C. 666(a)(13); collected as data, used for child support enforcement and other identification purposes; will not be displayed on your driver's license unless you expressly authorize its use as your driver's license number.**

*** IF NONE**, mark the box below and sign the following:

☐ I hereby attest under penalty of law that I have not been issued a social security number by the Social Security Administration.

SIGNATURE: _____

**** IF YOU WANT TO USE YOUR SOCIAL SECURITY NUMBER AS YOUR DRIVER'S LICENSE NUMBER**, mark the box below and sign the following:

☐ I hereby authorize the Department to use my social security number as my driver's license number.

SIGNATURE: _____

THESE QUESTIONS MUST BE ANSWERED

Answer All Questions Below By Marking (X) in Square Opposite Each. If Any Answer is "YES", Fill In Required Details As Completely As You Can.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you currently a resident of Montana? If yes, when did your Montana residency begin? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you been licensed to drive in any state other than Montana in the past five (5) years? If yes, list all states and driver's license numbers: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has your driver's license or driving privilege ever been suspended, revoked, cancelled or denied by any state licensing authority? If yes, please specify the state(s) in which the action(s) was taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you suffer from any chronic or potentially chronic, condition that may cause a loss of consciousness or control? If yes, please name or describe the condition and specify the date of the most recent loss of consciousness or control: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you rely upon any adaptive equipment or operational restrictions to attain the ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle on the highway? If yes, please describe any physical limitations: _____
Any adaptive equipment used: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you currently subject to a court-ordered guardianship, commitment and/or treatment requirements as a result of a judicial determination of serious mental illness or incapacitation? If yes, please state the nature of the order and court issuance: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you addicted to the use of narcotic drugs or intoxicating substances? If yes, are you abstaining? _____ |

I AM A RESIDENT OF MONTANA, AND CURRENTLY RESIDE IN A COUNTY THAT DOES NOT PROVIDE DRIVER SERVICES.

I certify under penalty of law (Section 45-7-203, MCA, unsworn falsification to authorities) that I am physically and mentally capable of operating a motor vehicle, and that the application made herein is true and correct to the best of my knowledge, information and belief.

SIGNATURE: _____ **DATE:** _____

DO NOT PRINT